



Hetoh

www.hetoh.org

Registration Form: Part-1 Maintaining a Successful Practice Workshop

Date: 22 July 2011

Course Fee: £95.00 (Dep. £30.00)

Your full name:	Full Postal Address:
Date of Birth:	Daytime phone:
Occupation:	Evening phone:

Where did you hear about our courses?	<p>I would like to receive course-related correspondence via email: Yes / No (please <i>delete</i> as appropriate)</p> <p>Your email address (if yes to the above):</p>
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Please indicate the experience (if any) you have in the following:

Structural Technique
MET
Functional/Fascial Technique
Cranial Osteopathy
Acupuncture

Please indicate (tick) if you have experience of the following:

Martial Arts	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>
Pilates	<input type="checkbox"/>
Shiatsu	<input type="checkbox"/>
Meditation	<input type="checkbox"/>
Yoga	<input type="checkbox"/>

I have read and agree to the Terms & Conditions (overleaf) and wish to register for this course.

- I enclose the **full course fee** of £..... (This includes my £..... non-refundable deposit.)
- I enclose my non-refundable deposit of £.....

Signed:..... Date:.....

Please ensure that all the appropriate details have been completed and return both parts of this form together with your payment to the address provided overleaf.

**Registration Form: Part-2
Maintaining a Successful Practice Workshop**

Terms and Conditions:

Course Fees:

The full balance of your fee must be paid two weeks before the course commences. Registration is secured with a deposit. Deposits are non-refundable and non-transferable. Fees are not transferable and will not be refunded once a course commences.

Please note that fees may be subject to change without notification. In the event of course cancellation a full refund will be paid.

Your Health

By virtue of our Equal Opportunities Policy we do not wish to ask you possibly invasive questions. We do however wish to ensure that your study with Hetoh is enjoyable for all concerned. We need to point out to you that some health disorders such as some cancerous conditions and contagious (non sexually transmittable) disorders (for instance active tuberculosis) may place yourselves or others at risk. If in doubt about a health issue please contact the registrar for clarification. For legal and insurance purposes we therefore require that you sign the disclaimer below.

I hereby confirm that I am not aware of any personal health conditions, illnesses or injury that may be adversely affected by studying with Hetoh. I am fully responsible for my own health and shall not make any claim against, or hold liable, the Hetoh organisation or any members of its staff, in the event of any personal illness or injury incurred during the course of my studies with Hetoh. I accept that any personal or health related information I provide to Hetoh may be shared with teachers or teaching assistants associated with my course.

I have read and agree to the terms and conditions of registration

Signed:..... Date:.....

Please ensure that all the appropriate details have been completed and return parts-1&2 of this form together with your payment to:

**The Administration Office
Hetoh
Hill Farmhouse
Mill Road
Stanford
BIGGLESWADE
Bedfordshire
SG18 9JH**

Please make cheques payable to **HETOH**. All fees must be in pounds sterling